



VETERANS REFERRAL (PART 2)

DSHS OFFICE

TELEPHONE

CASE NUMBER

CASE NAME

FOR CLIENT ACTION

As a necessary part of the application or reapplication process, you are required to contact the Veterans Services Office listed

below on or before _____.

VETERANS SERVICE

VETERANS SERVICE OFFICE TELEPHONE

NAME AND ADDRESS OF CLIENT

NAME AND ADDRESS OF PERSONAL CONTACT

TELEPHONE

RELATIONSHIP

TELEPHONE

For Veterans Service Office Use Only

Complete the following and return this form to the DSHS office listed below.

1. ☐ Ineligible for benefits.
2. ☐ Currently receiving maximum entitlement of
\$_____ per month. Specify type of
benefit:_____.
3. ☐ Refused to apply.

4. ☐ Failed to contact office by required date.
5. ☐ Claim for benefits filed. Specify type of benefits:

6. ☐ Expect decision by _____ (date).

COMMENTS:

For DSHS Office Use Only

DSHS Office Financial Section

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COMMENTS:

SIGNATURE OF DSHS REPRESENTATIVE

TITLE

DATE